

Supplement 1
Secondhand smoker exposure questionnaire for student

1. School grade

1. Mattayomsuksa 1 2. Mattayomsuksa 2 3. Mattayomsuksa 3

2. Gender

1. Male 2. Female

3. "Inhalation tobacco smoke, it could be harms to child's or infant's health" What do you think about this wording?

1. Strong disagree 2. Disagree 3. Agree 4. Strongly agree

4. "Inhalation in a room that used to be tobacco smoking, it could be harms to child's or infant's health" What do you think about this wording?

1. Strong disagree 2. Disagree 3. Agree 4. Strongly agree

5. In the past 7 days, have you inhaled any tobacco smoke?

1. No 2. "1-3 days" 3. "4-6 days" 4. "every day"

6. Where had you often inhale tobacco smoke?

1. Home 2. Friend's home 3. School 4. Temple 5. Market
 6. Public transport 7. other, specify.....

7. While you are staying in home, there have a **family member** smoking in home. How much confidence do you have in **avoiding SHSe**? (please mark ✓ over the number)

0	1	2	3	4	5	6	7	8	9	10
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Not confident

very confident

8. If a **guest** is smoking in home, how much confidence do you have in **avoiding SHSe**?

0	1	2	3	4	5	6	7	8	9	10
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Not confident

very confident

9. Knowledge and attitude on harms of SHSe and smoking. Please specify by using ✓ in the box

	Strongly disagree	Disagree	Agree	Strongly agree
1. Smoke from other people's cigarettes is harmful for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoking should be banned in all public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoking helps exert one's imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Smoking makes people look cooler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Smoking is interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Everyone likes to get along with people who smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Parents should forbid children to smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Parents can smoke in front of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	True	False	I do not know	
1. SHS causes lymphoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. SHS is associated with stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. SHS is associated with asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. SHS causes common cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The younger one starts smoking, the higher the risk is for cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. It is possible to be addicted to smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Smoking makes one's teeth turn yellow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Center for Epidemiologic Studies Depression Scale (CES-D)				
Please tell me how often you have felt this way during the past week.				
	less than 1 day)	1-2 days	3-4 days	5-7 days
1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not shake off the blues even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt that people dislike me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not get "going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>